



EMS PRIMARY TRAINING COURSE AUTHORIZATION REQUEST

NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF EMERGENCY MEDICAL SERVICES
SFN 58192 (1/06)

Telephone (701) 328 - 2388 / Fax (701) 328-1890



INSTRUCTIONS: Type or print clearly. *To be completed by course coordinator and returned to Division of Emergency Medical Services 2 weeks prior to beginning of the course.* Return one completed copy to: ND Department of Health, Division of Emergency Medical Services, 600 E Boulevard Ave. Dept. 301, Bismarck, ND 58505 – 0200. Keep a copy for your records. Please check only one class.

EMT-BASIC <input type="checkbox"/> INITIAL <input type="checkbox"/> REFRESHER		FIRST RESPONDER <input type="checkbox"/> INITIAL <input type="checkbox"/> REFRESHER	
Location of Course:			
Address:		City:	State: Zip:
Approximate date course will begin:		Approximate date course will end:	
The course will meet: (i.e. Tuesdays or Tues & Thurs, etc.)		Meeting time:	
Physician Medical Director:			
Course Coordinator:		State ID #:	
Mailing Address:		City:	State: Zip:
Work Telephone Number:	Home Telephone Number:	Cell Phone Number:	Fax Number:
Primary Instructor:		State ID #:	
Mailing Address:		City:	State: Zip:
Proctor Form Enclosed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Post this class on website? <input type="checkbox"/> Yes <input type="checkbox"/> No	State Practical Test Site Date (EMT-B Initial classes only):	
Please check the materials you wish to receive on the list below. If nothing is checked, no materials will be sent. Please note – only one copy of each document will be supplied by our office.			
<input type="checkbox"/> Roster		<input type="checkbox"/> Student Handbook (EMT-B Initial Only)	
<input type="checkbox"/> EMS Registration Form (Must be completed for each student) (This form may also be found on the DEMS website)		<input type="checkbox"/> Application for written and practical test (EMT-B Initial Only)	
<input type="checkbox"/> Certificate of Completion		<input type="checkbox"/> Student handouts (EMT-B Initial Only)	
<input type="checkbox"/> National Registry testing application (EMT-B or First Responder initial classes only).		<input type="checkbox"/> Testing Materials (test, answer key, answer sheet)	
AS COURSE COORDINATOR, I WILL SECURE COURSE MATERIALS AND VISUAL AIDS, SECURE USE OF CLASSROOM FACILITIES, PREPARE AND IMPLEMENT CLASS SCHEDULES, ARRANGE AND SCHEDULE IN-HOSPITAL OBSERVATION AND TRAINING, AND PERFORM OTHER APPROPRIATE CLASS FUNCTIONS. I WILL ADHERE TO THE APPROPRIATE STANDARD CURRICULUM THROUGHOUT THE COURSE. I WILL ADHERE TO DEMS SECURITY REQUIREMENTS.			
Date:		Signature of EMS Instructor / Coordinator:	
DEMS USE ONLY			
Posted on Website:	Handouts Sent:	Course Authorization #:	



EMS PRIMARY TRAINING COURSE LESSON SCHEDULE

NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF EMERGENCY MEDICAL SERVICES

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	Class Location:			
	Class Type:			
Lesson #	Minimum Time		Lesson Date	
	EMT-Basic	F/R		
MODULE 1:	PREPARATORY			
1-1	1.5 Hours	1 Hour		Introduction to Emergency Medical Care
1-2	1.5 Hours	1 Hour		Well-Being for the EMT-Basic / First Responder
1-3	1.5 Hours	1.5 Hours		Medical / Legal and Ethical Issues
1-4	2.5 Hours	1 Hour		The Human Body
1-5	2 Hours			Baseline Vital Signs and Sample History
1-6 / 5	3 Hours	1 Hour		Lifting and Moving Patients
1-7 / 6	1 Hour	1 Hour		Evaluation: Module 1
MODULE 2:	AIRWAY			
2-1	4 Hours	3 Hours		Airway
2-2	2 Hours	2 Hours		Practical Skills Lab
2-3	1 Hour	1 Hour		Evaluation: Module 2
MODULE 3:	PATIENT ASSESSMENT			
3-1	.5 Hour			Scene Size Up
3-2 / 1	1 Hour	3 Hours		Initial Assessment / Patient Assessment
3-3	4 Hours			Focused History & Physical Exam - Trauma Patient
3-4	2 Hours			Focused History & Physical Exam - Medical Patient
3-5	1 Hour			Detailed Physical Exam
3-6	1 Hour			On-Going Assessment
3-7	1 Hour			Communications
3-8	1.5 Hours			Documentation
3-9 / 2	8 Hours	2 Hours		Practical Skills Lab
3-10 / 3	1 Hour	1 Hour		Evaluation: Module 3
MODULE 4:	MEDICAL / BEHAVIOR EMERGENCIES & OBSTETRICS / GYNECOLOGY / CIRCULATION			
4-1	1 Hour			General Pharmacology
4-2	2.5 Hours			Respiratory Emergencies
4-3 / 1	7 Hours	2 Hours		Cardiovascular Emergencies / Circulation
4-4	2 Hours			Diabetes / Altered Mental Status
4-5	2 Hours			Allergies
4-6	2 Hours			Poisoning / Overdose
4-7	2 Hours			Environmental Emergencies
4-8	1.5 Hours			Behavioral Emergencies
4-9	2 Hours			Obstetrics / Gynecology
4-10 / 2	8 Hours	3 Hours		Practical Skills Lab
4-11 / 3	1 Hour	1 Hour		Evaluation: Module 4
MODULE 5:	TRAUMA / ILLNESS AND INJURY			
5-1	2 Hours	1 Hour		Bleeding and Shock / Medical Emergencies
5-2	2 Hours	1.5 Hours		Bleeding and Soft Tissue Injuries
5-3	4 Hours	1.5 Hours		Musculoskeletal Care / Injuries to Muscles and Bones

(Lesson Schedule Continued)

5-4	4 Hours		Injuries to the Head and Spine
5-5 / 4	6 Hours	1.5 Hours	Practical Skills Lab
5-6 / 5	1 Hour	1 Hour	Evaluation: Module 5

MODULE 6:	INFANTS AND CHILDREN / CHILDBIRTH AND CHILDREN		
6-1		1 Hour	Childbirth
6-1 / 2	3 Hours	2 Hours	Infants and Children
6-2 / 3	3 Hours	1 Hour	Practical Skills Lab
6-3 / 4	1 Hour	1 Hour	Evaluation: Module 6

MODULE 7:	EMS OPERATIONS		
7-1	1 Hour	2 Hours	Ambulance Operations / EMS Operations
7-2	1 Hour		Gaining Access
7-3	2 Hours		Overviews
7-4 / 2	1 Hour	1 Hour	Evaluation: Module 7